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ABSTRACT

A motor-sensory training program was established to meet developmental motor needs of behaviorally disordered children (6 to 8 years old). Most of the children had motor deficiencies, as well as diagnosed learning disabilities, and some children were entered in the program not because of motor deficiencies but because of their extreme motor response to environmental stimulation. Music was used to structure the program and verbal cues were minimal. Ss have shown significant improvement in motor skills as well as increased development in inner control systems due to the relaxation techniques taught and the music input. (Author/SBH)

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A Musical Approach to Motor-Sensory Training

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The teacher of behaviorally disordered children needs effective methods to improve a child's cognitive abilities, as well as the child's behavioral response to his environment. Too often a teacher is aware that the structure of the classroom exists because of the adult's presence in the room. Special education teachers want and need techniques to use in their classrooms that not only teach a child cognitive skills, but also develop the child's own inner control system. The child needs to leave school emotionally as well as intellectually independent.

The program being described was developed because of a classroom need to improve a group of childrens' motor responses. Also built into the program is a strong self-control mechanism that depends on music rather than the external verbal cues of an adult.

The program was originally established to meet the developmental needs of a group of behavior disordered children aged six to nine. It was designed to correspond with the characteristic sequence of development of the various physical attainments.

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In designing the program, the first priority was to define the needs of the children.

The class of 13 children contained acting out children as well as depressed and withdrawn children. Many of the children had diagnosed or suspected learning disorders. Some were functioning on an educable mentally handicapped level. Most of the children were performing below age expectancy on movement tasks. However, there were several children who were age appropriate on a motor scale but displayed excessive muscle tension and lack of impulse control.

Though the type or degree varied, all of the children in the program had noticeable deficiencies in their motor or sensory-motor response to their environment.

Since learning is hierarchal in nature, a deprivation of experience at any level would most likely result in a deficiency in the ensuing levels of development. Because a person's initial encounters with the world are by motor responses, it is here that learning begins.

This program attempted to replicate some of the specialized learning situations that aid the child in solidifying these earlier learnings. It was planned with a developmental model in mind. It did not aspire to furnish all that a child might not have received in earlier childhood, but rather to do the best to give him whatever he needed to meet with success in the classroom.

The program was broadly organized into four categories:

1. Body awareness
2. Body relaxation
3. Gross and fine motor training
4. Sensory perception training

However, it is difficult to isolate one area from another. There is much overflow from one to another.

1. Body Awareness

Body awareness is the beginning point in the development of conscious motor movement. In order to correct or change motor development, body awareness is essential. It encompasses the identification, functions and process of body parts, the location, position relationship and perception of the body to its environment. But also a major consideration in the design of this program was the development of a positive body image by our children. Body image is a reflection of a person's self-concept, the implications on behavior, and social interactions are immense. It was essential to include methods by which a child could build a strong self-image through body awareness.

2. Body relaxation techniques

At first, there seemed a basic ambiguity in the children who were selected for the motor-sensory program. Although some children were obviously grossly deficient in motor skills, others not only excelled in such tasks, but literally exceeded the needs of each task. These children

were also included in the program because it was felt that much of their impulsive reaction to stress or stimulation was a habitual behavior pattern. They did not register these sensations consciously. It was hoped, by making these children aware of their tension sensation, that they could learn to increase or decrease the initiating muscular activity. This reduction of impulses entering the central nervous system, including those arising in tense muscles, will have a general "quieting" effect. This would be particularly valuable to a hyperactive child's learning situation.

All sessions ended with a relaxation exercise.

3. Gross and fine motor training

Perhaps the key word to this paper is "control"--the shifting of control from the body to the mind. This is a gradual process beginning with the first day of life. The child begins to perfect the gross motor movements and then the refinement of fine motor control. So also does the design of this program attempt to emulate this basic developmental pattern.

4. Sensory perception training

Sensory perception training refers to the process of receiving information from all five sensitivity systems serving as input channels to the brain, organizing the raw data and interpreting its meaning. This is the final process in the "control" of the mind over the unconscious functions

of the body. Training in sensory perception would hope to enable the student to integrate information received from a particular activity and generalize it to other situations, not necessarily identical.

There is no cook book for this kind of training. The program attempts to find some tools to provide the way to achieve this end.

Because children tire easily when presented a straight exercise program, it was decided to use the natural stimulus of music. Not only did the words and melodies make the exercises more like dances, it was soon discovered that music could play a far more beneficial part in the childrens' development.

Music became the external control that these children needed. The teacher assumed a secondary authoritarian role, as the music guided the childrens' movements. As the songs and movements became more familiar, each child took more and more responsibility for his or her body control and personal space. The childrens' inner responses were guided by the rhythm and pace of the music. The exercise program correlated to the tempo of the music. It was not a free expression response to music but specific activities carefully orchestrated to the familiar songs.

Folk music was chosen because it puts children in touch with their culture and heritage. Also, folk music is simple,

clear, short, and self-explanatory. Folk music is living music, not fabricated. It is easily adaptable, changeable, and accessible. Because folk music is intrinsically people's music, no musical training is necessary to be able to make use of it.

To children with emotional problems or learning problems, music provides predictability, consistency, and unity. It also provides growth in attention, concentration, and memory skills.

The time allotted per day was 30 minutes. The time was divided into two segments of 15 minutes. It was specifically planned that each morning and each afternoon would begin with a 15-minute session of motor activities. The rationale behind this implementation was the possibility that the motor activity would increase the childrens' capacity to attend to the seat work which was scheduled following the motor sessions. There was a noticeable positive effect on the childrens' impulse control, attention span, and motivation when the motor sessions preceded the regular academic program.

No special facilities were available. The regular classroom was used. However, it was rearranged to meet the needs of the children. Perhaps this is one of the most unique facets of this program.

The regular classroom furniture served the function of providing body boundaries, thereby enabling the children to maintain their self-control.

Because these children had few, if any, internal controls, due to the severity of their disturbances, the special arrangement of the furniture provided them with the external control necessary to meet with success.

In addition, masking tape was used to delineate a "trail" for the children to follow. The purpose of this method was to ground the children to a concrete object. It was hoped that these methods of providing external body boundaries and use of personal space could be the beginning of a learned system of internalized controls.

The physical activity was noncompetitive. There was immediate feedback to the child on his or her progress. It was geared to ensure success as well as to convey the joy and zest of a body in tune with itself.

An example of one 15-minute session on gross motor activities would be as follows:

1. Tune up . . . . . .Stretching
   Touching toes
   Deep breathing
2. Gross motor . . . . . .Belly creeping - "An Old Fish"
   Crawling - "Dogie Song"
   Rocking - "Row, Row, Row Your Boat"
3. Relaxation techniques .Body tenseness and relaxation - (Brahm's Lullaby)

This program has been in use in special classes as well as regular classrooms for four years. Though no empirical research has been done on the program, the participants have been pleased by what they see as the results. Not only do they feel there has been a significant improvement in the childrens' motor skills, but there has been an increased development in inner control systems due to the relaxation techniques taught and the music input of the program.

It is recommended that the program be field-tested with a broader population of children, and that it be researched with regular as well as special education classes.